

ANNUAL REPORT OF OPERATIONS FOR YEAR 2017

Washington Hatchery Permit

I. Facility Name: Klickitat Salmon Hatchery		NPDES # WAG 130021	
Operator Name (Permittee): Yakima Nation Fisheries		Phone: 509-364-3310	
Address: 301 Fish Hatchery Rd Glenwood, Wa. 98619		Fax: 509-364-3639	
Owner Name (if different from operator):		E-Mail: jayrau@ykf.p.org	
		Phone: 509-364-3310	
II. Annual Production:	Harvestable weight produced in the year 42,537 pounds		
III. Food used:	Number of pounds of food fed to the fish during the maximum month: 10,941 pounds		
IV. Noncompliance Summary:			
Include description & dates of noncompliance (including spills), the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary.			
none			
V. Best Management Practices (BMP) Plan			
BMP Plan has been reviewed this year? <input checked="" type="radio"/> Yes <input type="radio"/> No			
BMP Plan fulfills the requirements set forth in the permit: <input checked="" type="radio"/> Yes <input type="radio"/> No			
Summarize changes in the BMP Plan since last annual report Attach additional pages, if necessary.			
The BMP was Filed at the Klickitat Hatchery May 2017. No changes have occurred since Filing			
VI. Solid Waste Disposal			
Type of Solid Waste	Method of Disposal	When	Where
Fish mortalite	mechanically	as needed	earthen pit/quick lime
Silt, Fish waste	mechanically	as needed	pollution abatement
Silt, Fish waste From release ponds	mechanically	march, april, June July & August	landfill

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VII. Fish Mortalities

Include description & dates of mass mortalities (more than 5%/week), the reasons for each incident, and the steps taken to correct the problem. Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of deaths	Pounds of fish
6-26-17	surplus Fish	8868
7-31-17		
June, July, August, Sept	spawning, surplus + mortalite	6349

VIII. Chemical Usage (including drugs and pesticides)

Date	Chemicals used, number of days used, and maximum concentration in effluent.	Yearly Total
Jan, Feb, June, July, Aug, Sept, Oct, Nov, Dec	Formalin	513 gal
Jan-Dec	Iodine as needed for disinfection	70 gal
Jan-Dec	MS-222 as needed for anesthetizing Fish	2994 gr
6/26/17 7/31/17	Draxxin	200 ml

IX. Inspections and Repairs for production and wastewater treatment systems

Date Inspected	Date Repaired	Description of system inspected and/or repaired
		None

X. Signature & Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature: Jason R.	Title/Company: COMPLEX MGR / YKPP - Kl. det Hatchery
	Date: 1-9-18

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ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME Yakama Nation Fisheries
 ADDRESS P.O. Box 151
Toppenish, Wa. 98948

WAG 130021
 PERMIT NUMBER

DISCHARGE NUMBER

FACILITY Klickitat Hatchery
 LOCATION 301 Fish Hatchery Rd. Glenwood, Wa. 98619


MONITORING PERIOD

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2017	01	01		2017	12	31

Chemical Used	Amount Used	Units	Notes
Terramycin (2.0 gm / lb of feed)	0	lbs of feed	
Terramycin (4.0 gm / lb of feed)	0	lbs of feed	
Terramycin (_____ gm / lb of feed)	0	lbs of feed	
Romet 30 (2.27 gm / lb of feed)	0	lbs of feed	
Romet 30 (_____ gm / lb of feed)	0	lbs of feed	
Erythromycin (2.25 gm / lb of feed)	0	lbs of feed	
Erythromycin (4.5 gm / lb of feed)	0	lbs of feed	
Erythromycin (4.2 gm / lb of feed)	0	gms	
Amoxicillin	0	gms	
Chloramine - T	0	lbs	
Formalin (37% Formaldehyde)	513	gal	for fungus
Buffered Iodophore (1%)	70	gal	disinfecting
MS-222	2994	grams	for CV, clipping & tagging
Chlorine (12.5%)	0	gals	
Chlorine (5.25%)	0	gals	
Sodium Thiosulfate	0	lbs	
Quarternary Ammonia (35%)	0	gal	
Erythromycin Injectable 200ml/L	0	ml	Jacks & Adults were injected
Draffin	200	ml	injecting jacks & adults

For other chemicals used but not able to be listed on this form, please enclose as an attachment.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		DATE		
TYPED OR PRINTED		MM	DD	YY
JASON RAU / COMBOX MGR		1	9	18
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 11 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)